



Forms

select a form ▼

Informant/Relationship

▼

Vitals

Length in +

Weight lbs oz +

Head Circumference cm +

Temperature °F +

Tympanic ▼

BMI

More

Vital Notes

▼

Reminders (Chart-wide) No Saved Notes

Edit

Problem List (Chart-wide)

Display: All Statuses ▼

Edit

Status	Problem	Problem Note	Onset	Resolved

Concerns

▼

History

▼

Confidential Notes (Chart-wide) No Saved Notes

Edit

Screening

Order select a screening ▼

Nutrition

Select All

Off bottle

notes ▼



Using Open Cup/Sippy Cup

notes

Balanced diet (wide variety, fruits/vegetables, limit junk food)

notes

Vitamins

notes

add item

notes

Development

Select All

Development Screener Reviewed

notes

add item

notes

Anticipatory Guidance - Handout

Select All

Discussed and appropriate handout given

notes

add item

notes

Physical Exam Free Text

Diagnoses

Well child visit, 15 month

Include on Patient Reports

notes

Add to Problem List

Onset: mm/dd/yy

Problem Note: problem note

select diagnosis

notes



Lab

Print Labels

Generate Requisition

Order Hemoglobin (in office)

Order select a lab

Radiology

Generate Requisition

Order select a radiology

Referral

Order select a referral

Medical Procedure

Order select a medical procedure

Plan

[Empty text area for Plan]

Immunizations

Vaccines

Print

There are no immunizations recorded for this patient

Ordered

Diseases

There are no vaccine-preventable diseases for this patient

Forecasting Results Updated: NA

Show Informational Warnings(0)

Refresh

[Empty box for Forecasting Results]

Forecast results are not intended to replace clinical decision making

▼ Vaccines For Children

Insurance and Race as of 12/24/24

Eligibility Status: select an eligibility status

Immunization Orders

Select Vaccine Lots

Order **Refuse** Hib PRP-OMP (Pedvaxhib)

Order **Refuse** HepA Peds (Vaqta)

Order **Refuse** select an immunization

Immunization Consent



- Education about immunizations and the appropriate CDC VIS were made available to guardians. Guardian was counseled about the risks and benefits of each vaccine administered, consent was obtained prior to administration.

- Vaccine refusal form signed

- add item

Followup

 18 month well visit

 select a followup

Next Visit (Chart-wide) No Saved Notes

Visit Documents

Navigational Anchors in PTPEDS 15 Mo Well

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2. Vitals
3. Concerns
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7. Development
8. Anticipatory Guidance
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